

STATE: MINNESOTA
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: MINNESOTA

MENTAL HEALTH TARGETED CASE MANAGEMENT SERVICES

A. Target Group (section 1915(g) of the Act):

Case management services are available for individuals who have been determined to have serious and persistent mental illness or severe emotional disturbance.

Serious and persistent mental illness is defined as the condition of a person who has a mental illness and meets at least one of the criteria in items 1 to 5:

1. The person has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months; or
2. The person has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months; or
3. The person has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder, indicates a significant impairment in functioning, and has a written opinion from a mental health professional (defined in item 6.d.A. of this attachment), in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in items 1 and 2, unless ongoing case management or community support services are provided; or
4. In the last three years, the person has been committed by a court as a mentally ill person under Minnesota Statutes, chapter 253B or the person's commitment has been stayed or continued for reasons related to the person's mental illness; or
5. The person: (a) was eligible under items 1 to 4, but the specified time period has expired or the person was eligible as a child with severe emotional disturbance under Minnesota Statutes, §245.4871, subdivision 6; and

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A. Target group (section 1915(g) of the Act): (continued)

- (b) has a written opinion from a mental health professional, in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in item 1 or 2, unless ongoing case management or community support services are provided.

Severe emotional disturbance is defined as a child under age 18 who has an emotional disturbance and who meets one of the following criteria:

1. The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; or
2. The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
3. The child has one of the following as determined by a mental health professional (defined in item 6.d.A. of this attachment):
 - (i) psychosis or a clinical depression; or
 - (ii) a risk of harming self or others as a result of an emotional disturbance; or
 - (iii) psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
4. The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

B. Areas of the State in which services will be provided:

X Entire state.

— Only in the following geographic areas (authority §1915(g)(1) of the Act is invoked to provide services less than statewide): N/A

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C. Comparability of Services:

— Services are provided in accordance with
§1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and
scope. Authority of §1915(g)(1) of the Act is invoked
to provide services without regard to the requirements
of §1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are activities that are coordinated
on an individual client basis and are designed to help
persons with serious and persistent mental illness or severe
emotional disturbance in gaining access to needed medical,
social, educational, financial, or other services necessary
to meet the client's needs.

Case Management services include:

1. Completion and regular review of a written functional
assessment.
2. The development and regular review of a written
individual community support plan for the client based
on both a functional and a diagnostic assessment of the
client and incorporating the client's individual
treatment plans.
3. Assisting the client to access appropriate mental
health or other service providers, consistent with
§1902(a)(23) of the Act.
4. Coordination of the provision of services consistent
with §1902(a)(23) of the Act.
5. Monitoring the client's progress and the effectiveness
of the individual community support plan.
6. Monitoring the discharge planning process for a client
being discharged from a residential treatment facility,
regional treatment center, or inpatient hospital.

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D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to recover payment:
 - A. for an adult, the case management service provider must document at least a:
 - (1) face-to-face contact with the client or the client's legal representative; or
 - (2) telephone contact with the client or the client's legal representative and document a face-to-face contact with the client or the client's legal representative within the preceding two months.
 - B. for a child, the case management service provider must document at least a face-to-face contact with the client or the client's parents or legal representative.
2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review and revision of the client's individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

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D. Definition of Services: (continued)

The above components of case management services must fall within the following parameters to be eligible for medical assistance payment:

1. For clients in hospitals, NFs, or ICFs/MR, payment for case management services is limited to the last ~~30~~ 180 consecutive days before discharge in an effort to establish continuity of care and community-based services recommended by the discharge planning team. This ~~30~~ 180-day coverage may not exceed more than ~~two~~ six months in a calendar year.

Case management services will not duplicate those provided as part of the institution's discharge plan.

2. A client's continued eligibility for case management services must be determined every 36 months by the local agency. The determination of whether the client continues to have a diagnosis of serious and persistent mental illness or severe emotional disturbance must be based on updating the client's diagnostic assessment or on the results of conducting a complete diagnostic assessment because the client's mental health status or behavior has changed markedly.

The following services are not eligible for payment as case management services:

1. Diagnostic assessment.
2. Administration and management of a client's medications.
3. Legal services, including legal advocacy, for the client.
4. Information and referral services that are part of a county's community social service plan.
5. Outreach services including outreach services provided through the community support services program.
6. Services that are not documented as required under Minnesota Rules, part 9520.0920, subpart 1.

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D. Definition of Services: (continued)

7. Services that are otherwise eligible for payment on a separate schedule under Minnesota Rules, parts 9505.0170 to 9505.0475 or other rules of the Department.
8. Therapy or treatment services.

E. Qualifications of Providers:

A case management service provider must be:

1. A local agency, defined as a county or multi-county agency that is authorized under state law as the agency responsible for determining eligibility for the Medical Assistance Program. As the local mental health authority, the local agency is responsible for assuring that persons have access to mental health and other services, consistent with §1902(a)(23) of the Act;
2. An entity under contract with the local agency to provide case management services; **or**
3. An entity meeting program standards set out in rules governing family community support services for children with severe emotional disturbance (when these standards meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 [governing case management for children with severe emotional disturbance] and 9505.0322, excluding subparts 6 [mental health case management services] and 10 [limitations on payment]);
4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by Title I or III of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, operating as a 638 facility; or
5. An entity under contract with a facility of the Indian Health Service or a 638 facility.

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E. Qualifications of Providers: (continued)

1. **Case managers.** The following are considered case managers.
 - A. Mental health professionals as defined in item 6.d.A. of this attachment. Case management supervisors must also meet the criteria for mental health professionals.
 - B. Individuals who:
 - (1) are skilled in the process of identifying and assessing a wide range of client needs;
 - (2) are knowledgeable about local community resources and how to use those resources for the benefit of the client;
 - (3)
 - (a) hold a bachelor's degree in one of the behavioral sciences or related fields including, but not limited to, social work, psychology, or nursing from an accredited college or university, or
 - (b)
 - (1) have at least three or four years of experience as case manager associates;
 - (2) are registered nurses with a combination of specialized training in psychiatry and work experience consisting of community interaction and involvement or community discharge planning in a mental health setting totaling three years; or

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E. Qualifications of Providers: (continued)

- (3) qualified before July 1, 1999, as case managers under provisions covering Department recognition of individuals without bachelor's degrees who had 40 hours of approved training in case management skills and at least 6,000 hours of supervised experience in the delivery of mental health services; and,
 - (4) if providing case management services to children, have experience and training in working with children.
- Case managers with at least 2,000 hours of supervised experience in the delivery of services to adults or children must receive regular ongoing supervision and clinical supervision totaling 38 hours per year, of which at least one hour per month must be clinical supervision regarding individual service delivery with a case management supervisor. The remainder may be provided by a case manager with two years of experience. Group supervision may not constitute more than one-half of the required supervision hours. Clinical supervision must be documented in the recipient's record.
- Case managers without 2,000 hours of supervised experience in the delivery of mental health services to adults with mental illness or to children with severe emotional disturbance must begin 40 hours of training approved by the Department of Human Services in case management skills and in the characteristics and needs of adults with serious and persistent mental illness or children with severe emotional disturbance. Case managers must also receive clinical supervision regarding individual service delivery from a mental health professional at least one hour per week until the requirement of 2,000 hours of experience is met.

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E. Qualifications of Providers: (continued)

- A case manager who is not licensed, registered, or certified by a health-related licensing board must receive 30 hours of continuing education and training in mental illness, severe emotional disturbance and mental health services annually.
2. **Case manager associates.** A case manager associate must:
- A. work under the direction of a case manager or case management supervisor;
 - B. be at least 21 years of age;
 - C. have a high school diploma or equivalent; and
 - D. meet one of the following:
 - (1) have an associate of arts degree in one of the behavioral sciences or human services;
 - (2) be a registered nurse without a bachelor's degree;
 - (3) within the previous ten years:
 - (a) if providing case management services to adults, have three years of life experience with serious and persistent mental illness or as a child had severe emotional disturbance; or
 - (b) if providing case management services to adults or children, have three years of life experience as a primary caregiver to an adult with serious and persistent mental illness or to a child with severe emotional disturbance;
 - (4) have 6,000 hours work experience as a nondegreed state hospital technician; or

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E. Qualifications of Providers: (continued)

- (5) meet the criterion in state law for mental health practitioner: have at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness.
- Individuals meeting one of the criteria in (1) to (4) above may qualify as a case manager after four years of supervised work experience as a case manager associate. Individuals meeting the criteria in (5) may qualify as a case manager after three years of supervised experience as a case manager associate.
- Case manager associates must meet the following supervision, mentoring, and continuing education requirements:
 - (a) have 40 hours of preservice training as described on page 8 of this item for case management for clients with serious and persistent mental illness or for children with severe emotional disturbance;
 - (b) receive at least 40 hours of continuing education in mental illness or severe emotional disturbance, and mental health services annually; and
 - (c) receive at least five hours of mentoring per week from a case management mentor. For purposes of this item, "case management mentor" means a qualified, practicing case manager or case management supervisor who teaches or advises and provides intensive training and clinical supervision to one or more case manager associates. Mentoring may occur while providing direct services to clients in the office or in the field and may be provided to a case manager associate or to a group of case manager associates. At least two mentoring hours per week must be individual and face-to-face.

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E. Qualifications of Providers: (continued)

3. **Others.**

An immigrant who is neither a case manager nor a case manager associate may provide case management services to adult immigrants with serious and persistent mental illness or to children with severe emotional disturbance who are members of the same ethnic group if the immigrant:

- A. is currently enrolled in and is actively pursuing credits toward the completion of a bachelor's degree in one of the behavioral sciences or a related field including, but not limited to, social work, psychology, or nursing from an accredited college or university;
- B. completes 40 hours of training; and
- C. for case management services to clients with serious and persistent mental illness, receives clinical supervision at least once a week until he or she becomes a case manager or case manager associate; or
- D. for case management services to children with severe emotional disturbance, receives clinical supervision at least once a week until he or she receives a bachelor's degree and 2,000 hours of supervised experience.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of provider in violation of §1902(a)(23) of the Act, except as provided for under §1915(g)(1) of the Act.

- 1. Eligible recipients' choice of providers of case management services will be limited under §1915(g)(1) to providers defined and described in item E, above.
- 2. Eligible recipients will have free choice of the providers of other medical care under the State plan.

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G. Payment:

Payment for case management services under the State plan is made on a monthly basis and does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

1. Services that are otherwise eligible for payment on a separate schedule under Minnesota Rules, parts 9505.0170 to 9505.0475, or other rules of the Department, are not eligible for payment as case management services.
2. Persons who are receiving home and community-based services under a waiver granted pursuant to §1915(c) of the Act are not eligible to receive the case management services described in this supplement if the services duplicate each other.
3. Persons who are receiving case management services through the Veterans Administration are not eligible for medical assistance covered case management services while they are receiving case management through the Veterans Administration. This payment limitation is applicable only if Veterans Administration reimbursed case management services are substantially similar to case management services covered by medical assistance.
4. Persons who are receiving relocation service coordination services under Supplement 1b to this Attachment are not eligible to receive the case management services described in this supplement for that month.
5. The Department may suspend, reduce, or terminate the payment to a case management service provider that does not meet requirements, such as reporting. The county of responsibility, or, if applicable, the tribal agency, is responsible for any federal disallowances, but may share this responsibility with its contracted vendors.

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ATTACHMENT 4.19-B
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- 19.a. Mental health targeted case management services as defined in, and to the group specified in, Supplement 1 to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Payment is made on a monthly basis. Costs associated with mentoring, supervision and continuing education may be included in the monthly rate. Payment is limited to the components listed in **Supplement 1** to Attachments 3.1-A/B, "Definition of Services."

1. The monthly rate for mental health targeted case management services provided by state or county staff is based on an aggregate of time spent performing all elements of case management services. There are separate rates for adults and children.
2. The rate for mental health targeted case management services provided by a facility of the Indian Health Service (IHS) or by a 638 facility is made according to the encounter rate specified on page 1 of this Attachment.
3. The rate for mental health targeted case management services provided by entities under contract with a county, a facility of the IHS, or a 638 facility is based on the monthly rate negotiated by the county, the IHS facility or the 638 facility. The negotiated rate must not exceed the rate charged by the entity for the same service to other payers.
 - A. If the service is provided by a team of contracted vendors, the county, the IHS facility, or the 638 facility may negotiate a team rate with a vendor who is a member of the team. The team must determine how to distribute the rate among its members. No payment received by contracted vendors will be returned to the county or the IHS facility or the 638 facility, except to pay the county, the IHS facility or the 638 facility for advance funding provided by the county, the IHS facility or the 638 facility to the vendor.

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19.a. Mental health targeted case management services as defined in, and to the group specified in, Supplement 1 to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act). (continued)

- B. If the service is provided by a team ~~which that~~ includes contracted vendors, IHS or 638 facility staff, and state or county staff, the costs for state or county staff participation in the team must be included in the rate for county-provided services. In this case, the contracted vendor, the IHS or 638 facility, and the county may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, ~~the county~~ each entity must document, in the client's file, the need for team mental health targeted case management and a description of the roles of the team members.

Rate Methodology for County and State Staff:

Beginning July 1, 2000, a statistically valid random moment time study, Minnesota's Social Service Time Study (SSTS), is used to construct a monthly rate for mental health targeted case management services. The SSTS separates time of all direct service staff into a number of categories that constitute allowable mental health targeted case management activities and other, unallowable activities. The proportion of allowable to total activities, when multiplied by the overall provider costs, establishes the costs of mental health targeted case management activity.

The percentage of time spent by service staff on allowable mental health targeted case management services for children and adults is applied to the annual costs of providing social services, and divided by twelve to arrive at the eligible cost per month. These figures are divided by the average number of children and adults who received mental health targeted case management services per month. The result is two separate, monthly payment rates for mental health case management, one for children and one for adults.

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- 19.a. Mental health targeted case management services as defined in, and to the group specified in, Supplement 1 to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act. (continued)

The two rates represent one month's worth of eligible mental health targeted case management activity. Only one claim per client is allowed per calendar month for mental health targeted case management services provided by county and state staff. The rate is the same for medical assistance-eligible and non-medical assistance eligible clients. All of the following conditions must be met in order for a claim to be made:

- the client must be eligible for medical assistance;
- the client received mental health targeted case management services in that month; and
- all documentation requirements are met.

The rate will be reviewed and updated annually, using the most current, available data.

Rate Formula:

CP = Average Monthly Social Services Cost Pool for the most recent year for that class of providers

P = Percentage of eligible mental health targeted case management time as identified on the most recent year of the SSTs for that class of providers

N = Monthly Average number of clients receiving mental health targeted case management services for that class for providers using the most recent year's worth of data

(CP x P) = Monthly costs of providing mental health targeted ~~mental health~~ case management (TCM) services for that class of providers

TCM/N = TCM monthly rate for that class of providers

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- 19.a. Mental health targeted case management services as defined in, and to the group specified in, Supplement 1 to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act. (continued)

Interim Rate Methodology: July 1, 1999 through June 30, 2000:

Because the mental health targeted case management rates prior to July 1, 1999, are flat, hourly rates for children and adults, the actual percent time of eligible mental health targeted case management services time is not available in the SSTs for the period July 1, 1998 through June 30, 1999. For that reason, from July 1, 1999 through June 30, 2000, the first year of the new methodology, an interim rate will be developed. The interim rate will be determined using county time reported in the Social Services Expenditures and Grant Reconciliation Report (SEAGR) for calendar year 1998, and the total number of clients served will be taken from a special survey conducted April, 1999, for the quarter January through March, 1999.

In order for a claim to be made for this period, the same conditions must be met as described above as of July 1, 2000.

Interim Rate Formula:

$CP \times P(SEAGR) \times 1.05 \text{ (inflation factor)} \div N \text{ (survey data)}$

At the end of the interim period (June 30, 2000), the Department will settle-up with the counties, using SSTs data reported during the interim rate period.

Settle-Up Rate Formula:

The formula described on page 57b: $CP \times P \div N$.